

MONTANA STATE HOSPITAL POLICY AND PROCEDURE

DESCRIPTION OF SERVICES

Effective Date: June 4, 2004 Policy #: ADM-05

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I. PURPOSE: To define and describe the programs and services provided by Montana State Hospital.

II. POLICY:

- A. Montana State Hospital (MSH), an agency of the Montana Department of Public Health and Human Services, is a mental health facility located in Warm Springs, Montana. The hospital's primary functions are defined in statute, 53-21-601, M.C.A. Two types of services are provided:
 - 1. Inpatient Hospital Services
 - 2. Transitional Care Services provided under a mental health center license with an endorsement for Adult Group Home services.
- B. Montana State Hospital's primary function is to provide treatment and rehabilitation services for people with serious mental disorders needing intensive and specialized inpatient care.
- C. Montana State Hospital has a secondary role of protecting the public from individuals who may present an imminent danger due to a serious mental illness.
- D. Montana State Hospital supports the right of individuals to access appropriate care and treatment in the least restrictive setting. The hospital works closely with community agencies and service providers to coordinate the provision of care and help people return to community settings as soon as they are stable enough to do so.
- E. Admissions to Montana State Hospital are governed by Montana Statute. MSH primarily serves individuals admitted for care and treatment under civil and criminal commitment procedures. Discharge procedures are also governed by state statute.

III. **DEFINITIONS:** None.

IV. RESPONSIBILITIES:

A. <u>All employees</u> are responsible for understanding the role of the hospital and providing either directly or indirectly, treatment and rehabilitation services intended to stabilize patients and help them successfully return to a community setting.

V. PROCEDURE:

- A. Inpatient Hospital services are comprised of five treatment programs.
 - 1. **Acute Psychiatric Program.** This unit serves as the admissions unit for Montana State Hospital. Upon admission to the hospital, most patients will be placed in this program. Program objectives are to provide each patient with a thorough assessment and diagnostic work-up and to attempt to stabilize each individual's symptoms so they can be promptly discharged to appropriate community services to continue their recovery process. Treatment interventions utilized include medication management; education concerning psychiatric illnesses and medications; therapies include short-term groups, crisis intervention strategies and brief individual therapy, behavior modification, and various types of rehabilitation modalities.
 - 2. Psychosocial Rehabilitation Unit (PRU). This unit provides services to patients experiencing long-term symptoms of serious mental illnesses. Treatment and rehabilitation approaches are combined to help people learn to live with persistent symptoms. Self-autonomy and personal choice are key elements in this care delivery model. This program concentrates on the patient's displayed strengths and disabilities by addressing disabilities through knowledge and skill enhancement. Instruction is aimed at widening the patient's functional ability to perform life-roles they choose. Patients are evaluated for support and resource needs, personal awareness, environmental awareness and skills/knowledge/abilities needed in order to live in the environment of their choice.

Treatment consists of medication management; education concerning psychiatric illnesses and medications; therapeutic interventions include anger management therapy, effective communication strategies, education on the recovery process, group therapy, recreational therapy, psycho-social-educational rehabilitation, and individual therapy when appropriate. Therapeutic activities provided include such as resident employment and/or school programs.

3. **Intensive Treatment Program.** The program provides services for patients on either forensic or civil commitments. The program is very structured and uses a behaviorally oriented treatment approach that targets serious behavior problems leading to placement on this unit. Psychotropic medications, including medication trials, are used to stabilize positive symptoms of psychiatric disorders. Other therapeutic interventions will include anger management therapy, effective communication strategies, education about mental illness, medications, and treatment; group and individual therapy, recreational therapy, psycho-social-educational rehabilitation and individual therapy when appropriate. The focus is to identify the individual's next placement and determine what behavioral changes are needed to make that placement successful.

- 4. Forensic Program. This program provides comprehensive assessment and evaluation services as required for criminal court proceedings. In addition, patients are provided a full-range of active psychiatric treatment in a secure hospital setting. Medication stabilization, involvement in a therapeutic milieu, education concerning mental illness, sex offender treatment, dual disorders treatment, psycho-social-educational rehabilitation, and vocational therapy make up major elements of the program.
- 5. **Geriatric Treatment Program.** This program provides a high level of assistance for individuals who need assistance with self-care and activities of daily living as well as active treatment for a psychiatric condition. Program emphasis is on assessment, evaluation, and treatment of significant behavioral problems that prevent placement in community nursing home settings or the Montana Mental Health Nursing Care Center. Treatment approaches include medication assessment and stabilization, involvement in a therapeutic milieu, recreational and occupational therapy, intensive nursing care, education concerning mental illness for patients, guardians and family members, as well as other treatment options consistent with the individual needs of each patient.

B. Mental Health Center Services provided are:

1. **Transitional Care Units.** This program provides a much lower level of care than that provided on the other units of the hospital with the intention of preparing patients to transition to community care. The program operates under standards governing operation of adult group homes by community mental health programs. A comprehensive recovery model is used for service delivery. Self-autonomy, personal choice, and functional skills are the focus of care delivery.

High involvement in discharge planning and preparation is maintained throughout Transitional Care Unit stays. Treatment and rehabilitation services are maintained through involvement in other hospital services such as the Therapeutic Learning Center, vocational therapy laboratories, and nursing visits.

C. Adult Transitional Shelter Care Unit

In response to overcrowding on hospital treatment units, Montana State Hospital may operate a unit for discharge-ready patients awaiting an opening in a community program. This unit will be located on Receiving Hospital and will allow patients to continue participation in treatment, employment, and recreational programs. The unit provides residential, rather than hospital services and is not licensed as a healthcare facility. Patients, however have access to all of the services provided by Montana State Hospital and are followed by staff from the transferring treatment team. The unit may be closed if the hospital census declines or other alternatives become available.

VI. REFERENCES: M.C.A. 53-21-601 Location and Primary Function of Hospital; M.C.A. 53-21-102 Definitions (under Treatment of the Seriously Mentally Ill section).

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VII. COLLABORATED WITH:	Medical Staff, Team Leaders, Clinical S	ervices

- VII. COLLABORATED WITH: Medical Staff, Team Leaders, Clinical Services Committee, and Addictive and Mental Disorders Division of DPHHS
- **VIII. RESCISSIONS:** #ADM-05, *Role of Montana State Hospital* dated June 22, 2001; H.O.P.P. # 96-ADM-01 *Role of Montana State Hospital*, dated 9/23/96.
- **IX. DISTRIBUTION:** All hospital policy manuals, Team Leaders, Discipline Chiefs, & Medical Staff
- X. REVIEW AND REISSUE DATE: June 2007
- XI. FOLLOW-UP RESPONSIBILITY: Hospital Administrator
- XII. ATTACHMENTS: None

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Ed Amberg	Date
Hospital Administrator	